## OFFICE OF THE MONTANA PUBLIC DEFENDER)

(Attorney's Summary of Education and Experience)

Name:				
	First	Middle	Last	
Address: _				Business
_				Home
Business Phone	e:	Other phone		
E-mail:				
YOUR LEGAL	L EDUCATION:			
Undergraduate:	:	Degree	Da	ate
Law School		De	gree	Date
	ow any other relevant gr	aduate, professional, or vocation	nal education:	
		<del></del>		
Montana Supre Other Court(s)		(Please indicate cou	art and year of a	dmission)
		l, or is a disciplinary action pen have you ever been found by a		
Yes	No (If ves	nlease explain on separate pape	r)	

## YOUR LEGAL EXPERIENCE:

Please describe any employment	_	_	fices:
	Years	Place	
) as a judge			
) as a U.S. Attorney, District Attorney, or Attorney General			
) as a Public Defender			
) as a City Attorney			
) as a Private Practitioner			
Number of jury cases tried: (appr	oximate)		
	C	ivil	Criminal
Montana District Court			
ustice or Municipal Court			
ribal Court			
Other Court (specify)			
J.S. District Court			
Youth Court			
How many criminal felony appoir	tments in the S	State of Montana	have you had in the past 3 years?
Please indicate whether you have o, generally describe your experi		isel of record in a	any of the following types of cases
nvoluntary commitment uvenile delinquency (youth cour	n need of care)		

representing either adult defendants charged with felony level offenses, or juveniles charged with delinquency. You should choose cases which proceeded to jury trial. In the event you did not handle any cases through
jury trial, please explain why. ( <u>Note</u> : it is not the intent of this question to request disclosure of confidential case information. Rather, we are simply interested in giving you an opportunity to discuss why you have resolved your criminal cases short of trial.)

## YOUR SPECIAL SKILLS / INTERESTS:

If you believe you have special skills or knowledge which would make you more qualified to handle certain types of cases, please advise:

( ) Foreign Language Proficiency		
( ) Accounting		
( ) DNA or forensic training		
( ) Mental health training / experience		
( ) Chemical dependency training / experience	_	
( ) Law enforcement training / experience		
( ) Cultural sensitivity training		
( ) Other		
Please let us know if you have a special interest or experience in particular areas of the law or	types of cases:	
( ) Death Penalty	_	
( ) Homicide	_	
( ) Crimes of Violence	_	
( ) Sexual Assaults	_	
( ) Drug cases	_	
( ) Property Crimes	_	
( ) Theft Crimes	_	
( ) Juvenile Delinquency	_	
( ) Appellate / PCR	_	
( ) Mental health law	_	
( ) Dependency & Neglect	_	

( ) Guardianships / Conservatorships  ( ) Other		
YOUR CURRENT PROFESSIONAL LIABILITY INSURANCE CARRI	ER IS:	
( <b>Note</b> : It is not necessary to answer this question if you are currently emplorganized public defender office.)	oyed as a staff attorney in an	
CONFLICT OF INTEREST DETERMINATION		
Please indicate the type of case tracking system you employed to monitor point indicate whether you can provide that data to the Office of the Montana Pubnecessary to answer this question if you are currently employed as a staff at defender office.)	olic Defender. (Note: It is not	
JUDICIAL DISTRICT(S) AND/OR COUNTIES IN WHICH YOU ARE	WILLING TO WORK:	
REFERENCES:  The following are people familiar with my trial skills whom you may call fo	r a reference:	
Name Phone N	Number_	
1		
2		
TYPE OF WORK DESIRED:		
<ul><li>( ) Full time employment as a staff attorney</li><li>( ) Part time employment as a staff attorney</li></ul>		
( ) Hourly fee contract		
( ) Per case contract		
( ) Other (please explain)		
<b>SELF CERTIFICATION:</b> Please check ones that are applicable.		
( ) I believe that I have the experience, education, and training to effectively which I am appointed, including complex prosecutions.	y handle any criminal case to	
( ) I believe I have the experience, education, and training to effectively handle any "routine" felony criminal case under the Montana Criminal Code.		
( ) I believe I have the experience, education, and training to effectively ha under the Montana Youth Court Act.	ndle juvenile delinquency cases	

Signature	Date	
Procedure (Title 46), the Monta	the Montana Criminal Code (Title 45 ana Rules of Evidence, and believe I appetency under the Montana Rules of	am capable of trying a state criminal case.
( ) Other (please specify)		
( ) I believe I have the experience (YINC) cases under Mo	•	ively represent parents in dependency and
( ) I believe I have the experie developmental disability cases.	ence, education, and training to effective	vely handle civil mental health and
( ) In order to gain more expense senior staff attorney.	rience, I am willing to act in a second	d chair capacity under the supervision of a
( ) I believe I have the experie	ence, education, and training to effective	vely handle criminal misdemeanor cases.

Please complete this worksheet mail it or FAX it to:

Larry Murphy
Contract Manager
Office of the Montana Public Defender
44 West Park Street
Butte, MT 59701

Telephone: (406) 496-6088 Fax: (406) 496-6098

Or e-mail to: BonnieAnderson@mt.gov